

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 58 / 63

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Swett for Congress

A. Full Name (Last, First, Middle Initial) Mr. Seth Klarman	Transaction ID: D364924 Date of Disbursement																				
Mailing Address 329 Heath St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	2		2	0	1	0												
City Chestnut Hill State MA Zip Code 02467-2820	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution Refund	<table border="1"> <tr> <td colspan="10">400.00</td> </tr> </table>	400.00																			
400.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Mr. Howard Rubenstein	Transaction ID: D364905 Date of Disbursement																				
Mailing Address 1345 Avenue of the Americas FI 30	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	2		2	0	1	0												
City New York State NY Zip Code 10105-3099	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution Refund	<table border="1"> <tr> <td colspan="10">1650.00</td> </tr> </table>	1650.00																			
1650.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Mrs. Abigail Bialer	Transaction ID: D364915 Date of Disbursement																				
Mailing Address 1 Cross Gates	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	2		2	0	1	0												
City Short Hills State NJ Zip Code 07078-2106	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution Refund	<table border="1"> <tr> <td colspan="10">2400.00</td> </tr> </table>	2400.00																			
2400.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4450.00

TOTAL This Period (last page this line number only)